## Case 16-15426-jkf Doc 27 Filed 04/25/17 Entered 04/25/17 15:35:55 Desc Main Document Page 1 of 4

	in this information to identify your tor 1 Charlita								
		A. Alleli			_				
1 -	otor 2  buse, if filing)								
Uni	ted States Bankruptcy Court fo	or the: EASTERN DISTRIC	T OF PENNSYLVANIA	١					
Cas	se number 16-15426				Check if this	is:			
(If kr	nown)		_			■ An amer	ded filing		
								ig postpetition chapt ollowing date:	ter
0	fficial Form 106I					MM / DD		one in ig date.	
	chedule I: Your I	ncome				IVIIVI / DL	, , , , , ,	1	2/15
Par	ch a separate sheet to this for		tional pages, write yo	ur nam	e an	d case number	(if known). A	Answer every ques	itior
1.	Fill in your employment information.		Debtor 1			Debto	r 2 or non-fi	iling spouse	
	If you have more than one job, attach a separate page with information about additional	b, Employment status	■ Employed				ployed		
		. ,	☐ Not employed			□ No	☐ Not employed		
	employers.	Occupation	Practice Coordi	nator					
	Include part-time, seasonal, self-employed work.	Employer's name	Temple Hospita						
	Occupation may include stude or homemaker, if it applies.	ent Employer's address							
	or nomemaker, it it applies.		Philadelphia, PA	١					
		How long employed	there? 10 Year	s					
Par	t 2: Give Details About	Monthly Income							
	mate monthly income as of t use unless you are separated.	he date you file this form.	f you have nothing to r	eport for	any	line, write \$0 in	the space. In	ıclude your non-filin	g
	ou or your non-filing spouse have space, attach a separate she		combine the informatio	n for all	emp	loyers for that pe	rson on the l	lines below. If you n	eed
						For Debtor 1		btor 2 or ing spouse	
2.	List monthly gross wages, deductions). If not paid mon			2.	\$	5,618.0	<u> </u>	N/A	
3.	Estimate and list monthly of	overtime pay.		3.	+\$	0.0	+\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Calculate gross Income. Add line 2 + line 3.

\$

N/A

5,618.00

Debtor 1		Charlita A. Allen		Case number (if known)		16-15426		
				For	Debtor 1	For Debto		
	Сор	y line 4 here	4.	\$	5,618.00	\$	N/A	
_	Lict							=
5.		all payroll deductions:	Fo	¢	4 094 00	¢	NI/A	
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	\$ \$	1,084.00 0.00	\$ \$	N/A N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$—	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$—	0.00	\$	N/A	
	5e.	Insurance	5e.	\$-	601.00	<u>\$</u>	N/A	•
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	•
	5h.	Other deductions. Specify: Pension	5h.+	\$	225.00	+ \$	N/A	-
		Parking		\$	89.00	\$	N/A	•
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,999.00	\$	N/A	-
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,619.00	\$	N/A	•
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce		<b>*</b> —	0.00	<u> </u>		
		settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	N/A	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A	
10.	Calo	culate monthly income. Add line 7 + line 9.	10. \$	3	3,619.00 + \$	N/A	<b>A</b> = \$	3,619.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	-		-		<del>]</del>	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedul adde contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no cify:	ur depen	•		ted in Sched	lule J. . +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Centies					. \$Combin	3,619.00
13.	Dov	you expect an increase or decrease within the year after you file this forr	m?				monthly	y income
	<b>.</b>	No.						
		Yes. Explain:						

Fill	in this information to identify your case:				
	otor 1 Charlita A. Allen		Chec	k if this is:	
	Ondrind All Allion			An amended filing	
Deb	otor 2				ving postpetition chapter
(Sp	ouse, if filing)			13 expenses as of	the following date:
Uni	ted States Bankruptcy Court for the:EASTERN DISTRICT OF PENNS	SYLVANIA	-	MM / DD / YYYY	
Cas	se number				
(If k	(nown)				
0	fficial Form 106J				
	chedule J: Your Expenses				12/1
Be infe nu	as complete and accurate as possible. If two married people at ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question.				
Pai	tt 1: Describe Your Household Is this a joint case?				
••	■ No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	s for Separate Househo	old of Deb	otor 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.	Daughter		1	■ Yes
				_	□ No
		Son		7	Yes
		Son		14	□ No ■ X
		3011			■ Yes □ No
					☐ Yes
3.	Do your expenses include ■ No			<del>-</del>	
	expenses of people other than yourself and your dependents?				
	yoursen and your dependents:				
Est	t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless yourness as of a date after the bankruptcy is filed. If this is a supplicable date.				
the	clude expenses paid for with non-cash government assistance is value of such assistance and have included it on <i>Schedule I:</i> 'ficial Form 106I.)			Your expe	enses
(0)	notal Form 1001.)				
4.	The rental or home ownership expenses for your residence. I payments and any rent for the ground or lot.	Include first mortgage	4. \$		710.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	Home maintenance, repair, and upkeep expenses     Homeowner's association or condominium dues		4c. \$		125.00
5.	<ul> <li>4d. Homeowner's association or condominium dues</li> <li>Additional mortgage payments for your residence, such as ho</li> </ul>	me equity loans	4d. \$ 5. \$		0.00
			Ψ		V.VV

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Charlita	A. Allen	Case numb	er (if known)	16-15426
	hoat natural gas	60	¢	300.00
•			·	
				100.00
				375.00
•			·	0.00
			*	500.00
			·	400.00
				125.00
			:	100.00
	•	11.	\$	0.00
		12	\$	75.00
				175.00
	tributions and religious donations	14.	Ф	0.00
	and the stand form and the standard form			
		4.5	<b>c</b>	2.22
				0.00
				0.00
			·	135.00
			\$	0.00
<b>ces.</b> Do not in	nclude taxes deducted from your pay or included in lines 4 or 20	0.		
ecify:			\$	0.00
			•	0.00
<ol> <li>Car paym</li> </ol>	ents for Vehicle 2	17b.	\$	287.00
c. Other. Sp	ecify:	17c.	\$	0.00
d. Other. Sp	ecify:	17d.	\$	0.00
ur payments	of alimony, maintenance, and support that you did not rep	oort as	_	
		<b>106I).</b> 18.	· -	0.00
	s you make to support others who do not live with you.		\$	0.00
a. Mortgage	s on other property			0.00
<ol> <li>Real esta</li> </ol>	te taxes	20b.	\$	0.00
. Property,	homeowner's, or renter's insurance	20c.	\$	0.00
d. Maintenai	nce, repair, and upkeep expenses	20d.	\$	0.00
		20e.	\$	0.00
				0.00
opcony.			· •	0.00
culate your	monthly expenses			
a. Add lines 4	through 21.		\$	3,407.00
o. Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 1	06J-2	\$	· ·
			\$	3,407.00
IIIIG ZZ	a and 225. The result is your monthly expenses.		Ψ	3,407.00
•				
		23a.	\$	3,619.00
c. Copy you	r monthly expenses from line 22c above.	23b.	-\$	3,407.00
	•	ſ		
			•	040.00
The resul	t is your monthly net income.	23c.	\$	212.00
example, do yo	an increase or decrease in your expenses within the year abute expect to finish paying for your car loan within the year or do you expect terms of your mortgage?			se or decrease because of a
example, do yo	ou expect to finish paying for your car loan within the year or do you expec			se or decrease because of a
	lities:  Electricity Water, se Telephone Other. Sp od and hous ildcare and de insportation not include of tertainment, aritable cont a. Life insura b. Health insi c. Vehicle in d. Other insura b. Health insi c. Vehicle in d. Other insura b. Car paym c. Other. Sp d. Other. Sp d. Other. Sp d. Other. Sp ur payments ducted from ner payment ecify: a. Mortgage b. Real esta c. Property, d. Maintenan c. Homeowr ner: Specify: lculate your a. Add lines 4 b. Copy line 2 c. Add line 22 lculate your a. Copy you	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: od and housekeeping supplies ildcare and children's education costs othing, laundry, and dry cleaning rsonal care products and services dical and dental expenses insportation. Include gas, maintenance, bus or train fare, not include car payments. tertainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations urance. not include insurance deducted from your pay or included in lines 4 or 20. a. Life insurance b. Health insurance c. Vehicle insurance. Specify: tess. Do not include taxes deducted from your pay or included in lines 4 or 20. decify: tallment or lease payments: a. Car payments for Vehicle 1 b. Car payments for Vehicle 2 c. Other. Specify: tur payments of alimony, maintenance, and support that you did not regulated from your pay on line 5, Schedule I, Your Income (Official Form ner payments you make to support others who do not live with you. secify: there real property expenses not included in lines 4 or 5 of this form or on. Mortgages on other property b. Real estate taxes c. Property, homeowner's, or renter's insurance d. Maintenance, repair, and upkeep expenses d. Homeowner's association or condominium dues her: Specify: liculate your monthly expenses d. Add lines 4 through 21.	lities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: 6d. Other. Specify: 6d. Other. Specify: 6d. dand housekeeping supplies ildicare and children's education costs sthing, laundry, and dry cleaning 9. rsonal care products and services 10. dical and dental expenses 11. msportation. Include gas, maintenance, bus or train fare. not include car payments. tertainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations 14. urance. not include insurance deducted from your pay or included in lines 4 or 20. a. Life insurance 15b. Lelath insurance, Specify: 25. Vehicle insurance, Specify: 15d. Wess. Do not include taxes deducted from your pay or included in lines 4 or 20. serify: 16l. Other insurance, Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Warpayments for Vehicle 1 17d. Other. Specify: 17d. Warpayments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i). 18l. Warpayments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i). 18l. Warpayments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i). 18l. Warpayments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i). 18l. Warpayments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i). 18l. 18l. 18l. 18l. 18l. 18l. 18l. 18l	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other, Specify: Od and housekeeping supplies Idicare and children's education costs Bildcare and children's education costs Sthing, laundry, and dry cleaning Seonal care products and services Idical and dental expenses Into include gas, maintenance, bus or train fare. Into include car payments. It surrance. Into include car payments. It surrance. Into include car payments. It surrance. Into include insurance deducted from your pay or included in lines 4 or 20. It is insurance Into the case payments. It surrance. Into the case payments. It surrance.